



OFFICE OF CONSUMER AFFAIRS  
P.O. Box 526  
RICHMOND, VA 23218  
804-786-1343

## HEALTH SPA REGISTRATION APPLICATION

**NOTE: Each health spa location is required to file a separate registration application.**

1. SPA NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_, VIRGINIA ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_
2. NAME OF CORPORATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_
3. OWNER IS A (Choose one):  
☐ Corporation ☐ Partnership  
☐ Sole Proprietorship ☐ Limited Partnership.
4. STATE OF INCORPORATION \_\_\_\_\_
5. FEDERAL TAX ID # \_\_\_\_\_
6. You must provide the following **PERSONAL** information for each owner of this health spa. If the owner is a Corporation, Partnership, Limited Liability Company or other entity, the following information must be provided for each owner of that entity.

Name	Address	Phone	% of Interest
7. Did any of the owners listed in question 6 previously own in whole or in part a health spa that closed for business and failed to issue refunds or provide comparable alternative facilities to its members? ☐ YES ☐ NO
8. Do the owners in question 6 currently own any other health spa in Virginia? ☐ YES ☐ NO
9. If you answered **YES** to question 8, provide the spa name, address, and telephone number.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Date when **CURRENT** owner sold first contract for this location        /        /         
MM DD YY
11. Are membership contracts maintained at this facility? ☐ Yes ☐ No

If no, please provide the address where contracts are maintained:

\_\_\_\_\_  
\_\_\_\_\_

12. Date this location first opened for full and regular use by members. If not opened yet, date this location will open for full use by members. **(Current Owner)**        /        /         
MM DD YY

13. State the total number of **unexpired** contracts. # \_\_\_\_\_

14. State the total number of **unexpired** health spa contracts where: # \_\_\_\_\_

- a) More than a \$75 initiation fee was accepted **-or-**  
b) Members paid for more than (1) month in advance (examples: paid in full, quarterly, etc.)

You must submit the appropriate letter of credit or bond for the number of contracts stated in question 14. Please see the attached information sheet for a schedule of required surety amounts. **Do not** submit copies of bonds or letters of credit that are currently on file with the Commissioner.

15. Has this health spa filed surety with the Commissioner? ☐ Yes ☐ No

For each health spa with a bond or letter of credit, specify:

- a) Bank/Insurance Company Name: \_\_\_\_\_  
Bank/Insurance Company Address: \_\_\_\_\_  
Bank/Insurance Company Telephone Number: \_\_\_\_\_  
b) Serial # or other identification # of the bond or letter of credit: \_\_\_\_\_  
c) Amount of the bond or letter of credit: \_\_\_\_\_  
d) Date issued: \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND CORRECT.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Sworn and subscribed to before me, a Notary Public, in and for the Commonwealth of Virginia on this        day of       ,       .

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

## **IMPORTANT**

- Your bond or LOC must be maintained at the level required in the surety schedule contained within the Act. Failure to maintain proper surety level will result in late fees as provided by ' 59.1-296.1, Code of Virginia, as amended.
- You must amend this registration within 21 days, if there is a change to the information, which is contained in this registration statement.
- All changes in ownership must be reported to this office 10 days prior to the effective date of change.
- If 50% or more of the ownership changes, the facility must register as a new facility at the time of the change in ownership. Failure to re-register, as a new facility will result in late fees of \$100 for each thirty-day period or any part thereof, following the date that ownership changed.
- If no surety is required, your contracts must contain the disclosure required by Section 59.1-296.2:1 [F]. Please see the reverse side of this page for surety requirements.

**REGISTRATION FORMS THAT ARE NOT PROPERLY COMPLETED, SIGNED, NOTARIZED, AND ACCOMPANIED BY THE APPROPRIATE REGISTRATION AND LATE FEES, WHERE APPLICABLE, WILL BE REJECTED. THE SPA WILL BE CONSIDERED UNREGISTERED AND LATE FILING FEES WILL CONTINUE TO ACCRUE.**

### **YOU MUST PROVIDE WITH THIS REGISTRATION FORM:**

**-SAMPLE COPY OF YOUR CURRENT HEALTH SPA CONTRACT(S), MARKED EXHIBIT A.**

**-CURRENT PRICE LIST FOR ALL CONTRACTS SOLD BY THIS HEALTH SPA, MARKED EXHIBIT B.**

# **PLEASE RETAIN THIS PAGE FOR YOUR RECORDS**

## **VIRGINIA PRIVACY ACT DISCLOSURE**

All information which you disclose may be used for law enforcement purposes, including civil enforcement of the Virginia Consumer Protection Act of 1977 and the Virginia Health Spa Act. Pursuant to the Virginia Freedom of Information Act, all information which you disclose will be available for inspection by the public.

## **SURETY PROVISIONS**

No owner shall be required to file bonds or letters of credit in excess of \$300,000. If the \$300,000 limit is applicable, then the bonds or letters of credit filed by such owner shall apply to all health spas owned or operated by the same owner.

## **AMOUNT OF BOND OR LETTER OF CREDIT REQUIRED**

For every contract where the health spa accepted:

More than a seventy-five dollar initiation fee

**-or-**

Members paid for more than (1) month in advance  
(examples; paid in full, quarterly, etc.), as listed in question #14.

The required amount of surety listed below must be on deposit with the Office of Consumer Affairs:

<b><u>NUMBER OF APPLICABLE CONTRACTS</u></b>	<b><u>AMOUNT OF BOND OR LETTER OF CREDIT</u></b>
0 to 250	\$10,000
251 to 500	\$20,000
501 to 750	\$30,000
751 to 1000	\$40,000
1001 to 1250	\$50,000
1251 to 1500	\$60,000
1501 to 1750	\$70,000
1751 to 2000	\$80,000
2001 or more	\$100,000

## **REGISTRATION CHECKLIST**

**IN ORDER TO AVOID DELAYS, PLEASE REVIEW THIS CHECKLIST  
CAREFULLY BEFORE RETURNING YOUR REGISTRATION APPLICATION.**

- ☐ Completed the registration application accurately and completely?
- ☐ Attached a copy of your membership contract?
- ☐ Attached a current price list for all contracts being sold?
- ☐ Attached your check for the registration fee and any applicable late fee?
- ☐ Signed and notarized your registration application?
- ☐ Retained page 4 for your records?